



C A L I F O R N I A   D E P A R T M E N T   O F

# Mental Health

Audits – Bay & Central Region  
1515 Clay Street, Suite 1109, Oakland, CA 94612  
(510) 622-2584, FAX (510) 622-2585

June 12, 2009

Mike Kennedy  
Director  
Sonoma County Mental Health  
3322 Chanate Road  
Santa Rosa, CA 95404-1708

Dear Mr. Kennedy:

## AUDIT REPORT – SONOMA COUNTY COMMUNITY MENTAL HEALTH SERVICES

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Sonoma County Community Mental Health Services for the fiscal period July 1, 2004 to June 30, 2005. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and EPSDT SGF (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.


The effect of this revised allowable program costs is as follows:

	<u>Net Program Costs</u>		
	<u>Settled</u>	<u>Allowed</u>	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$ 7,765,752	\$ 7,785,050	\$ 19,298
Federal Share of Healthy Families	\$ 76,894	\$ 73,031	\$ (3,863)
State General Funds EPSDT Due State	\$ 1,294,095	\$ 1,302,504	\$ 8,409

Mike Kennedy, Director  
June 12, 2009  
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If you disagree with any of the results of this audit you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to John Melton, Acting Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

  
\_\_\_\_\_  
WALTER J. HILL, JR., MBA, EA  
Chief of Audits

  
\_\_\_\_\_  
MABEL GILTNER, Supervisor  
Audits – Bay & Central Region

Enclosures

CERTIFIED MAIL

SCHEDULE 1

COUNTY OF SONOMA  
COMMUNITY MENTAL HEALTH SERVICES  
SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS  
FISCAL YEAR ENDED JUNE 30, 2005

		As Settled	Audit Adjustments	As Audited
<b><u>NET REIMBURSABLE MEDI-CAL PROGRAM COSTS</u></b>				
<b><u>COUNTY PROVIDERS</u></b>				
MEDI-CAL - FFP	(Sch. 2a)	\$ 6,019,486	\$ 20,901	\$ 6,040,387
HEALTHY FAMILIES - FFP	(Sch. 2a)	62,368	674	63,042
TOTAL FFP - COUNTY PROVIDERS		<u>\$ 6,081,854</u>	<u>\$ 21,575</u>	<u>\$ 6,103,429</u>
<b><u>CONTRACT PROVIDERS</u></b>				
MEDI-CAL - FFP	(Sch. 3b)	\$ 1,746,266	\$ (1,603)	\$ 1,744,663
HEALTHY FAMILIES - FFP	(Sch. 3b)	14,526	(4,537)	9,989
TOTAL FFP - CONTRACT PROVIDERS		<u>\$ 1,760,792</u>	<u>\$ (6,140)</u>	<u>\$ 1,754,652</u>
<b><u>TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS</u></b>				
MEDI-CAL - FFP		\$ 7,765,752	\$ 19,298	\$ 7,785,050
HEALTHY FAMILIES - FFP		76,894	(3,863)	73,031
TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS		<u>\$ 7,842,646</u>	<u>\$ 15,435</u>	<u>\$ 7,858,082</u>
<b><u>SUMMARY OF STATE GENERAL FUNDS</u></b>				
EPSDT - SGF	(Sch 4)	<u>\$ 1,294,095</u>	<u>\$ 8,409</u>	<u>\$ 1,302,504</u>

SCHEDULE 2

**COUNTY OF SONOMA  
COMMUNITY MENTAL HEALTH SERVICES  
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE  
FISCAL YEAR ENDED JUNE 30, 2005**

**COUNTY OPERATED FEDERAL**

		As Settled	Audit Adjustments	As Audited
<b><u>Total Medi-Cal Gross Reimbursement</u></b>				
1. Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$ 0	\$ 0	\$ 0
2. Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	8,896,689	162,908	9,059,597
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)	0	0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	0	10,750	10,750
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	0	0	0
7. Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	0	0	0
8. Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	95,951	(9,178)	86,773
9. Total		<u>\$ 8,992,640</u>	<u>\$ 164,480</u>	<u>\$ 9,157,120</u>

**Less: Patient & Other Pavor Revenues**

10. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$ 0	\$ 0	\$ 0
11. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	0	101,617	101,617
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)	0	0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)	0	0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)	0	0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)	0	0	0
16. Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)	0	0	0
18. Total		<u>\$ 0</u>	<u>\$ 101,617</u>	<u>\$ 101,617</u>

**Medi-Cal Net Reimbursement for Direct Services**

19. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$ 0	\$ 0	\$ 0
20. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)	8,896,689	72,041	8,968,730
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)	0	0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)	0	0	0
23. Healthy Families-I/P	(Ln 7 - Ln 16)	0	0	0
24. Healthy Families-O/P	(Ln 8 - Ln 17)	95,951	(9,178)	86,773
25. Total		<u>\$ 8,992,640</u>	<u>\$ 62,863</u>	<u>\$ 9,055,503</u>

**Medi-Cal MAA Reimbursement**

26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$ 175,487	\$ (3,890)	\$ 171,597
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	479,552	(10,632)	468,920
28. Service Functions 21-19	(MH1979, Ln 13, Col. A)	501,409	(11,117)	490,292
29. Total		<u>\$ 1,156,448</u>	<u>\$ (25,639)</u>	<u>\$ 1,130,809</u>

**SCHEDULE 2a**

**COUNTY OF SONOMA  
COMMUNITY MENTAL HEALTH SERVICES  
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE  
FISCAL YEAR ENDED JUNE 30, 2005**

**COUNTY OPERATED FEDERAL**

		Audit		
		As Settled	Adjustments	As Audited
<b><u>Amount Negotiated Rates Exceed Cost</u></b>				
30. Inpatient SD/MC (Incl Children Enhanc)	(MH 1968, Ln 38, 38A)	\$ 0	\$ 0	\$ 0
31. Outpatient SD/MC (Incl Children Enhanc)	(MH 1968, Ln 38, 38A)	0	0	0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)	0	0	0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)	0	0	0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)	0	0	0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	0	0	0
36. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

**Medi-Cal Administrative Reimbursement**

37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$ 1,858,383	\$ 23,759	\$ 1,882,142
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$ 1,414,788	\$ 4,837	\$ 1,419,625
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	<u>\$ 1,414,788</u>	<u>\$ 4,837</u>	<u>\$ 1,419,625</u>

**Healthy Families Administrative Reimbursement**

40. Healthy Families Administrative Reimbursement Limit	(MH1979, Ln 8)	\$ 11,830	\$ (1,616)	\$ 10,214
41. Healthy Families Administration	(MH1979, Ln 9)	\$ 0	\$ 13,581	\$ 13,581
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	<u>\$ 0</u>	<u>\$ 10,214</u>	<u>\$ 10,214</u>

**Utilization Review Reimbursement**

43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$ 213,561	\$ (4,735)	\$ 208,826
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

**Net SD/MC Reimbursement - FFP**

45. Direct Services	(MH1979, Ln 16,16A)	\$ 4,448,345	\$ 30,645	\$ 4,478,990
46. Enhanced (Children)	(MH1979, Ln 17,17A)	0	6,987	6,987
47. Enhanced (Refugees)	(MH1979, Ln 18)	0	0	0
48. MAA	(MH 1979, Ln 11, 12 & 13)	703,576	(15,598)	687,978
49. Administrative Reimbursement	(MH1979, Ln 6)	707,394	2,419	709,813
50. U.R. Skilled Professional	(MH1979, Ln 14)	160,171	(3,551)	156,620
51. U.R. Other	(MH1979, Ln 15)	0	0	0
52. Negotiated Rate-Payback	(MH1979, Ln 20)	0	0	0
53. Subtotal- FFP		<u>\$ 6,019,486</u>	<u>\$ 20,901</u>	<u>\$ 6,040,387</u>

54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$ 0	\$ 0	\$ 0
55. Quality Assurance Review Results	(Adj # )	<u>0</u>	<u>0</u>	<u>0</u>

56. Total SD/MC Reimbursement - FFP		<u>\$ 6,019,486</u>	<u>\$ 20,901</u>	<u>\$ 6,040,387</u>
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**Net Healthy Families Reimbursement - FFP**

57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$ 62,368	\$ (5,965)	\$ 56,403
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	0	0	0
59. Administrative Reimbursement	(MH1979, Ln 10)	0	6,639	6,639
60. Total Healthy Families Reimbursement - FFP		<u>\$ 62,368</u>	<u>\$ 674</u>	<u>\$ 63,042</u>

61. Total - FFP (Ln 56 + Ln 60)		<u>\$ 6,081,854</u>	<u>\$ 21,575</u>	<u>\$ 6,103,429</u>
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(To Sch. 1)

COUNTY OF SONOMA  
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST  
FISCAL PERIOD ENDED JUNE 30, 2005

Legal Entity Number	Legal Entity	(1) Medi-Cal and Crossover Gross Reimb.	(2) Enhanced - Children Gross Reimb.	(3) Enhanced - Refugees Gross Reimb.	(4) Total Gross Cost (Excl. HFP)	(5) Healthy Families Gross Reimb.	(6) Medi-Cal and Crossover Gross Reimb.	(7) Enhanced - Children Gross Reimb.	(8) Enhanced - Refugees Gross Reimb.	(9) Total Gross Cost (Excl. HFP)	(10) Healthy Families Gross Reimb.
		(MH 1968, Ln 5, 5A, 10, 10A)	(MH 1968, Ln 16, 16A)	(MH 1968, Ln 22)	(Col. 1 to 3)	(MH 1968, Ln 27, 27A)	(MH 1968, Ln 5, 5A, 10, 10A)	(MH 1968, Ln 16, 16A)	(MH 1968, Ln 22)	(Col. 6 to 8)	(MH 1968, Ln 27, 27A)
112	Lincoln Children Center	\$	\$	\$	0 \$	\$	5,055 \$	0 \$	0 \$	5,055 \$	0
120	Families First, Inc.	\$	\$	\$	0 \$	\$	80,193 \$	0 \$	0 \$	80,193 \$	0
270	Bucklew Program	\$	\$	\$	0 \$	\$	969,999 \$	0 \$	0 \$	969,999 \$	0
273	Edgewood Center for Children and	\$	\$	\$	0 \$	\$	51,367 \$	0 \$	0 \$	51,367 \$	0
396	Social Advocates for Youth	\$	\$	\$	0 \$	\$	371,684 \$	23,630 \$	0 \$	395,314 \$	10,261
397	Community Support Network	\$	\$	\$	0 \$	\$	916,035 \$	0 \$	0 \$	916,035 \$	0
399	New Directions	\$	\$	\$	0 \$	\$	137,454 \$	0 \$	0 \$	137,454 \$	0
401	True to Life Children's Center	\$	\$	\$	0 \$	\$	11,987 \$	0 \$	0 \$	11,987 \$	0
402	Petaluma People Services	\$	\$	\$	0 \$	\$	33,454 \$	3,654 \$	0 \$	37,108 \$	0
403	CPI/CARE	\$	\$	\$	0 \$	\$	227,107 \$	10,737 \$	0 \$	237,844 \$	0
457	Sunny Hills Children's Garden	\$	\$	\$	0 \$	\$	260,603 \$	0 \$	0 \$	260,603 \$	0
466	Catholic Charities	\$	\$	\$	0 \$	\$	44,061 \$	0 \$	0 \$	44,061 \$	0
472	Devereaux	\$	\$	\$	0 \$	\$	15,379 \$	0 \$	0 \$	15,379 \$	0
484	Victor Treatment Centers	\$	\$	\$	0 \$	\$	48,443 \$	0 \$	0 \$	48,443 \$	749
515	CPI Lifeworks	\$	\$	\$	0 \$	\$	265,345 \$	1,082 \$	0 \$	266,427 \$	4,359

GRAND TOTAL \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 3,438,166 \$ 39,103 \$ 0 \$ 3,477,269 \$ 15,369

COUNTY OF SONOMA  
SUMMARY OF CONTRACT PROVIDERS' MEDICAL COST  
FISCAL PERIOD ENDED JUNE 30, 2005

Legal Entity Number	Legal Entity	(11) Total Revenue (Excl. HFP)	(12) Healthy Families Revenue	(13) Total Revenue (Excl. HFP)	(14) Healthy Families Revenue	(15) Total Net Cost (Excl. HFP)	(16) Net Cost Healthy Families	(17) Total Net Cost (Excl. HFP)	(18) Net Cost Healthy Families	(19) Total MAA FFP
		INPATIENT		OUTPATIENT		INPATIENT		OUTPATIENT		Reimbursement
		(MH 1968, Ln 28 to 30)	(MH 1968, Ln 31)	(MH 1968, Ln 28 to 30)	(MH 1968, Ln 31)	(Col 4-11)	(Col 5-12)	(Col 9-13)	(Col 10-14)	(MH 1979, Ln 11-13)
112	Lincoln Children Center	\$	\$	\$	0 \$	0 \$	0 \$	5,055 \$	0 \$	0
120	Families First, Inc.	\$	\$	\$	0 \$	0 \$	0 \$	80,193 \$	0 \$	0
270	Buckelew Program	\$	\$	\$	0 \$	0 \$	0 \$	969,999 \$	0 \$	0
273	Edgewood Center for Children and	\$	\$	\$	0 \$	0 \$	0 \$	51,367 \$	0 \$	0
396	Social Advocates for Youth	\$	\$	\$	0 \$	0 \$	0 \$	395,314 \$	10,261 \$	0
397	Community Support Network	\$	\$	\$	0 \$	0 \$	0 \$	916,035 \$	0 \$	0
399	New Directions	\$	\$	\$	0 \$	0 \$	0 \$	137,454 \$	0 \$	0
401	True to Life Children's Center	\$	\$	\$	0 \$	0 \$	0 \$	11,987 \$	0 \$	0
402	Petaluma People Services	\$	\$	\$	0 \$	0 \$	0 \$	37,108 \$	0 \$	0
403	CPI/CARE	\$	\$	\$	0 \$	0 \$	0 \$	237,844 \$	0 \$	0
457	Sunny Hills Children's Garden	\$	\$	\$	0 \$	0 \$	0 \$	260,603 \$	0 \$	0
466	Catholic Charities	\$	\$	\$	0 \$	0 \$	0 \$	44,061 \$	0 \$	0
472	Devereaux	\$	\$	\$	0 \$	0 \$	0 \$	15,379 \$	0 \$	0
484	Victor Treatment Centers	\$	\$	\$	0 \$	0 \$	0 \$	48,443 \$	749 \$	0
515	CPI Lifeworks	\$	\$	\$	0 \$	0 \$	0 \$	266,427 \$	4,359 \$	0

GRAND TOTAL \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 3,477,269 \$ 15,369 \$ 0

COUNTY OF SONOMA  
SUMMARY OF CONTRACT PROVIDERS' MEDICAL COST  
FISCAL PERIOD ENDED JUNE 30, 2005

Legal Entity		(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)
Number	Legal Entity	Neg. Rates Exceed Costs (Excl. HFP)	Neg. Rates Exceed Costs Healthy Families	Neg. Rates Exceed Costs (Excl. HFP)	Neg. Rates Exceed Costs Healthy Families	Total SD/MC Reimbursement (FFP)	Healthy Families Reimbursement (FFP)	Total Reimbursement (FFP)	FFP Contract Maximum	Lower of FFP or Contract Maximum
		INPATIENT (MH 1968, Ln 38 to 39)	INPATIENT (MH 1968, Ln 40, 40A)	OUTPATIENT (MH 1968, Ln 38 to 39)	OUTPATIENT (MH 1968, Ln 40, 40A)	(MH 1979, Line 21)	(MH 1979, Ln. 27)	(Col. 24 + 25)		
112	Lincoln Children Center	\$	\$	\$	\$	2,528 \$	0 \$	2,528 \$	0 \$	2,528
120	Families First, Inc.	\$	\$	\$	\$	40,141 \$	0 \$	40,141 \$	0 \$	40,141
270	Bucklew Program	\$	\$	\$	\$	485,000 \$	0 \$	485,000 \$	0 \$	485,000
273	Edgewood Center for Children and	\$	\$	\$	\$	25,683 \$	0 \$	25,683 \$	0 \$	25,683
396	Social Advocates for Youth	\$	\$	\$	\$	201,318 \$	6,669 \$	207,987 \$	0 \$	207,987
397	Community Support Network	\$	\$	\$	\$	458,017 \$	0 \$	458,017 \$	0 \$	458,017
399	New Directions	\$	\$	\$	\$	68,727 \$	0 \$	68,727 \$	0 \$	68,727
401	True to Life Children's Center	\$	\$	\$	\$	5,994 \$	0 \$	5,994 \$	0 \$	5,994
402	Petaluma People Services	\$	\$	\$	\$	19,102 \$	0 \$	19,102 \$	0 \$	19,102
403	CPI/CARE	\$	\$	\$	\$	120,532 \$	0 \$	120,532 \$	0 \$	120,532
457	Sunny Hills Children's Garden	\$	\$	\$	\$	130,302 \$	0 \$	130,302 \$	0 \$	130,302
466	Catholic Charities	\$	\$	\$	\$	22,031 \$	0 \$	22,031 \$	0 \$	22,031
472	Devereaux	\$	\$	\$	\$	7,690 \$	0 \$	7,690 \$	0 \$	7,690
484	Victor Treatment Centers	\$	\$	\$	\$	24,222 \$	487 \$	24,709 \$	0 \$	24,709
515	CPI Lifeworks	\$	\$	\$	\$	133,376 \$	2,833 \$	136,209 \$	0 \$	136,209

GRAND TOTAL \$ 0 \$ 0 \$ 0 \$ 0 \$ 1,744,663 \$ 9,989 \$ 1,754,652 \$ 0 \$ 1,754,652



**SCHEDULE 4**

**COUNTY OF SONOMA  
COMMUNITY MENTAL HEALTH SERVICES  
COMPUTATION OF EPSDT STATE SHARE PER AUDIT  
FISCAL YEAR ENDED JUNE 30, 2005**

	<u>As Settled</u>	<u>Audit Adjustments</u>	<u>As Audited</u>
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	\$ 12,389,221	\$ 56,778	\$ 12,445,999
(2) Total SD/MC Claims	14,154,114	0	14,154,114
(3) Percent % (Line 1/Line 2)	87.53%	0.0040	87.93%
(4) EPSDT Claims	4,204,481	0	4,204,481
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)	3,680,182	16,818	3,697,000
(6) Cost Settled Baseline for EPSDT	1,091,992	0	1,091,992
(7) Net Cost Settlement Amount (Line 5 - Line 6)	2,588,190	16,818	2,605,008
(8) 50% of Cost Settlement Amount (Line 7 x 50%)	1,294,095	8,409	1,302,504
(8a) FY 2001-02 EPSDT Settlement	1,792,545	0	1,792,545
(8b) Annual Local Growth (L. 8 - 8a)	0	0	0
(9) County Match 10% of Local Growth (8b x 10%)	0	0	0
(10) Net Cost Settlement Amount (L. 8 - 9)	1,294,095	8,409	1,302,504
(11) SGF Distribution (Settled and Audited)	1,294,095	0	1,294,095
(12) SGF Due State	<u>\$ 0</u>	<u>\$ 8,408</u>	<u>\$ 8,409</u>

(To Sch. 1)

**Source:**

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 - SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (includes contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2004-2005, includes increase for FFS/MC provider rate increase
- (7) Settlement amount prior to 10% match calculation (8) - (9)
- (11) SGF gross distribution (See DMH letter dated August 30, 2004 sent to Local Mental Health Directors)

Note: This amount may include payments not yet made but scheduled to be released as soon as funding becomes available. It may also include payments made in error in FY 06, which will be reversed in FY 06 and rescheduled for payment when funding becomes available.

- (12) Amount owed back to the state cannot be more than was paid.

## AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
COUNTY OF SONOMA				00049	131	June 30, 2005	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED COSTS</u></b>			
1	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION  To incorporate depreciation expense for an alarm system capitalized in the FY 96/97 audit.	\$ 19,685,071	\$ 7,500	\$ 19,692,571 *
2	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION  To disallow the reported self-insurance costs as the county was unable to demonstrate compliance with the federal self-insurance requirements.	** \$ 19,692,571	\$ (1,321,294)	\$ 18,371,277 *
3	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION  To allow the actual claims paid by the county for health insurance, workers' compensation, and general liability.	** \$ 18,371,277	\$ 1,011,392	\$ 19,382,669 *
4	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION  To adjust the excessive fee-for-service costs captured on the cost report.	** \$ 19,382,669	\$ (24,893)	\$ 19,357,776
5	MH 1960	9	C	SD/MC ADMINISTRATION	\$ 1,414,788	\$ (1,414,788)	\$0 *
6	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION	0	0	0 *
7	MH 1960	11	C	NON-SD/MC ADMINISTRATION	1,240,929	(1,240,929)	0 *
-	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS  To eliminate the reported allocation of Administrative Costs. Administrative costs will be redistributed to the proper cost centers after adjustments to administrative costs are made below.	2,655,717	0	2,655,717 *
8	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	** \$ 2,655,717	\$ (286,422)	\$ 2,369,295 *
9	MH 1960	18	C	MODE COSTS (DIRECT SERVICE AND MAA)  To reclassify the conservatorship costs from Administration to Mode 60 for consistency with prior-year treatment.	16,554,154	286,422	16,840,576 *
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

## AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
COUNTY OF SONOMA				00049	131	June 30, 2005	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED COSTS</u></b>			
10	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	** \$ 2,369,295	\$ 7,500	\$ 2,376,795 *
				To incorporate depreciation expense for an alarm system capitalized in the FY 96/97 audit in conjunction with adjustment number 1.			
11	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	** \$ 2,376,795	\$ (12,716)	\$ 2,364,079 *
12	MH 1960	16	C	TOTAL UTILIZATION REVIEW COSTS	400,902	(8,888)	392,014 *
13	MH 1960	17	C	RESEARCH AND EVALUATION	74,298	(1,647)	72,651
14	MH 1960	18	C	MODE COSTS (DIRECT SERVICE AND MAA)	** \$ 16,840,576	(286,651)	\$ 16,553,925 *
						<u>\$ (309,902)</u>	
				To adjust self-insurance costs at the program/department level in conjunction with adjustment numbers 2 and 3.			
				Disallow self-insurance premiums (Adj. #2)	(\$1,321,294)		
				Allow actual claims paid (Adj. #3)	1,011,392		
					<u>(309,902)</u>		
15	MH 1960	18	C	MODE COSTS (DIRECT SERVICE AND MAA)	** \$ 16,553,925	\$ (24,893)	\$ 16,529,032
				To adjust the excessive fee-for-service costs in conjunction with adjustment number 4.			
16	MH 1960	9	C	SD/MC ADMINISTRATION	** \$0	\$ 1,419,625	\$ 1,419,625
17	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION	** 0	13,581	13,581
18	MH 1960	11	C	NON SD/MC ADMINISTRATION	** 0	930,873	930,873
-	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	** \$ 2,364,079	0	\$ 2,364,079
				To allocate total administrative cost among SD/MC, Healthy Families, and Non SD/MC Administration based on the gross cost method percentages of 60.0498% for SD/MC, .5745% for Healthy Families, and 39.3757% for Non SD/MC.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

## AUDIT ADJUSTMENTS

Provider COUNTY OF SONOMA				Provider Number 00049	No. of Adj. 131	Fiscal Period Ended June 30, 2005	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED COSTS</u></b>			
19	MH 1960	13	C	SKILLED PROFESSIONAL MEDICAL PERSONNEL	\$ 213,561	\$ (4,735)	\$ 208,826
20	MH 1960	15	C	NON SD/MC UTILIZATION REVIEW	187,341	(4,153)	183,188
-	MH 1960	16	C	TOTAL UTILIZATION REVIEW COSTS	** \$ 392,014	-	\$ 392,014
				To adjust utilization review costs in conjunction with the self-insurance cost adjustment on number 12.		<u>\$ (8,888)</u>	
				<b><u>ADJUSTMENTS TO REPORTED MODES OF SERVICE</u></b>			
21	MH 1964	8	A	SUPPORT SERVICES (MODE 60)	\$ 1,116,331	\$ 286,422	\$ 1,402,753 *
				To reclassify the conservatorship costs from Administration to Mode 60 in conjunction with adjustment number 9.			
22	MH 1964	4	A	DAY SERVICES (MODE 10)	\$ 221,565	\$ (4,912)	\$ 216,653
23	MH 1964	5	A	OUTPATIENT SERVICES (MODE 15 PROGRAM 1 + PROGRAM 2)	13,759,641	(230,909)	13,528,732 *
24	MH 1964	7	A	MEDI-CAL ADMINISTRATIVE ACTIVITIES (MODE 55)	1,456,616	(32,294)	1,424,322
25	MH 1964	8	A	SUPPORT SERVICES (MODE 60)	** \$ 1,402,753	(18,536)	\$ 1,384,217
				To adjust self-insurance costs at the mode level in conjunction with adjustment number 14.		<u>\$ (286,651)</u>	
26	MH 1964	5	A	OUTPATIENT SERVICES (MODE 15 PROGRAM 1 + PROGRAM 2)	** \$ 13,528,732	\$ (24,893)	\$ 13,503,839
				To adjust the excessive fee-for-service costs in conjunction with adjustment number 4 and 15.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

## AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
COUNTY OF SONOMA				00049	131	June 30, 2005	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED GROSS COST</u></b>			
				<b><u>MODE 15 - OUTPATIENT (PROGRAM 2)</u></b>			
27	MH 1966	3		SERVICE FUNCTION 15/11 (PROVIDER NUMBER 4979)	\$ 43,323	\$ 62,888	\$ 106,211
28	MH 1966	3		SERVICE FUNCTION 15/61 (PROVIDER NUMBER 4979)	545	(55)	490
29	MH 1966	3		SERVICE FUNCTION 15/31 (PROVIDER NUMBER 4980)	120,268	(117,658)	2,610
30	MH 1966	3		SERVICE FUNCTION 15/40 (PROVIDER NUMBER 4981)	112,571	(93,721)	18,850
31	MH 1966	3		SERVICE FUNCTION 15/32 (PROVIDER NUMBER 4982)	0	109,970	109,970
32	MH 1966	3		SERVICE FUNCTION 15/33 (PROVIDER NUMBER 4984)	0	9,160	9,160
33	MH 1966	3		SERVICE FUNCTION 15/10 (ASO)	3,678	359	4,037
34	MH 1966	3		SERVICE FUNCTION 15/30 (ASO)	1,254	277	1,531
35	MH 1966	3		SERVICE FUNCTION 15/40 (ASO)	12,119	3,412	15,531
36	MH 1966	3		SERVICE FUNCTION 15/60 (ASO)	3,426	475	3,901
37	MH 1966	3	A	MODE 15 - OUTPATIENT (PROGRAM 2)	\$ 297,184	\$ (24,893)	\$ 272,291
				To report outpatient FFS costs by provider type and to adjust reported costs to agree with the county's records. The costs for ASO by service function code were determined via the RVS method of allocation.			
				<b><u>MODE 15 - OUTPATIENT (PROGRAM 1)</u></b>			
38	MH 1966	3		SERVICE FUNCTION 15/01	\$ 1,085,098	\$ (18,850)	\$ 1,066,248
39	MH 1966	3		SERVICE FUNCTION 15/10	412,271	(6,624)	405,647
40	MH 1966	3		SERVICE FUNCTION 15/30	4,179,063	(149,605)	4,029,458
41	MH 1966	3		SERVICE FUNCTION 15/40	2,390,989	(40,821)	2,350,168
42	MH 1966	3		SERVICE FUNCTION 15/50	171,074	79,679	250,753
43	MH 1966	3		SERVICE FUNCTION 15/60	4,096,109	(73,964)	4,022,145
44	MH 1966	3		SERVICE FUNCTION 15/70	1,127,854	(20,725)	1,107,129
				To adjust reported gross cost at the service function level to reflect the RVS method of allocation.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

## AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
COUNTY OF SONOMA				00049	131	June 30, 2005	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED GROSS COST</u></b>			
45	MH 1966	3		MAA SERVICE FUNCTION 03 (SFC 01-09)	\$ 102,130	\$ (3,891)	\$ 98,239
46	MH 1966	3		MAA SERVICE FUNCTION 19 (SFC 11-19, 31-39)	463,094	(13,885)	449,209
47	MH 1966	3		MAA SERVICE FUNCTION 23 (SFC 21-29)	139,470	(14,518)	124,952
						<u>\$ (32,294)</u>	
				To adjust the MAA cost by service function codes in conjunction with the self-insurance adjustment on number 24.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

## AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
COUNTY OF SONOMA				00049	131	June 30, 2005	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED TOTAL UNITS</u></b>			
				<u>MODES 10 AND MODE 15 - OUTPATIENT (PROGRAM 1)</u>			
48	MH 1966	2		SERVICE FUNCTION 10/25	419,940	(412,941)	6,999
49	MH 1966	2		SERVICE FUNCTION 15/01	659,845	800	660,645 *
50	MH 1966	2		SERVICE FUNCTION 15/10	216,407	550	216,957 *
51	MH 1966	2		SERVICE FUNCTION 15/30	2,193,648	(38,526)	2,155,122 *
52	MH 1966	2		SERVICE FUNCTION 15/40	1,255,063	1,905	1,256,968 *
53	MH 1966	2		SERVICE FUNCTION 15/50	89,799	44,314	134,113 *
54	MH 1966	2		SERVICE FUNCTION 15/60	1,153,980	594	1,154,574 *
55	MH 1966	2		SERVICE FUNCTION 15/70	394,684	75	394,759
				<u>MODE 15 - OUTPATIENT (PROGRAM 2)</u>			
56	MH 1966	2		SERVICE FUNCTION 15/11 (PROVIDER NUMBER 4979)	33,880	21,820	55,700
-	MH 1966	2		SERVICE FUNCTION 15/61 (PROVIDER NUMBER 4979)	210	0	210
57	MH 1966	2		SERVICE FUNCTION 15/31 (PROVIDER NUMBER 4980)	86,335	(84,410)	1,925
58	MH 1966	2		SERVICE FUNCTION 15/40 (PROVIDER NUMBER 4981)	104,580	(81,440)	23,140
59	MH 1966	2		SERVICE FUNCTION 15/32 (PROVIDER NUMBER 4982)	0	120,280	120,280
60	MH 1966	2		SERVICE FUNCTION 15/33 (PROVIDER NUMBER 4984)	0	11,290	11,290
61	MH 1966	2		SERVICE FUNCTION 15/10 (ASO)	2,640	50	2,690
62	MH 1966	2		SERVICE FUNCTION 15/30 (ASO)	900	120	1,020
63	MH 1966	2		SERVICE FUNCTION 15/40 (ASO)	8,700	1,650	10,350
64	MH 1966	2		SERVICE FUNCTION 15/60 (ASO)	1,320	75	1,395
				To adjust total units to agree with the county's records.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

## AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
COUNTY OF SONOMA				00049	131	June 30, 2005	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED TOTAL UNITS</u></b>			
65	MH 1966	2		SERVICE FUNCTION 15/01	** 660,645	(2,105)	658,540
66	MH 1966	2		SERVICE FUNCTION 15/10	** 216,957	(849)	216,108
67	MH 1966	2		SERVICE FUNCTION 15/30	** 2,155,122	(7,513)	2,147,609
68	MH 1966	2		SERVICE FUNCTION 15/40	** 1,256,968	(1,375)	1,255,593
69	MH 1966	2		SERVICE FUNCTION 15/50	** 134,113	(1,290)	132,823
70	MH 1966	2		SERVICE FUNCTION 15/60	** 1,154,574	(1,105)	1,153,469
				To adjust total units due to duplicate entries that are manually disallowed as SD/MC units but cannot be voided out of the county's PSP 354 system.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			



## AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
COUNTY OF SONOMA				00049	131	June 30, 2005	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED SD/MC UNITS</u></b> <b><u>COUNTY PROVIDERS - PROGRAMS 1 AND 2</u></b>			
71	MH 1966	8	Total	MEDI-CAL UNITS - 07/01/04 to 09/30/04	1,045,373	(15,327)	1,030,046 *
72	MH 1966	8A	Total	MEDI-CAL UNITS - 10/01/04 to 06/30/05	3,017,342	(13,375)	3,003,967 *
73	MH 1966	9	Total	MEDICARE/MEDI-CAL UNITS - 07/01/04 to 09/30/04	0	20,800	20,800 *
74	MH 1966	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/04 to 06/30/05	0	63,593	63,593 *
75	MH 1966	10	Total	ENHANCED - CHILDREN UNITS - 07/01/04 to 09/30/04	0	2,265	2,265 *
76	MH 1966	10A	Total	ENHANCED - CHILDREN UNITS - 10/01/04 to 06/30/05	0	3,890	3,890 *
77	MH 1966	11	Total	HEALTHY FAMILIES UNITS - 07/01/04 to 09/30/04	7,332	449	7,781 *
78	MH 1966	11A	Total	HEALTHY FAMILIES UNITS - 10/01/04 to 06/30/05	43,034	(4,627)	38,407 *
-			Info	TOTAL	4,113,081	57,668	4,170,749 *
				To adjust the as settled (MH 1966) SD/MC units of service/time for the county operated facilities to agree with the State DMH Approved Claims Report dated February 25, 2009 (excludes 17,441 UOS/UOT reported by County through the Disallowed Claims System (DCS)). The above adjustments include Phase II. Copies of workpapers which show details of the above adjustments have been provided to the County.			
79	MH 1966	8	Total	MEDI-CAL UNITS - 07/01/04 to 09/30/04	** 1,030,046	(950)	1,029,096 *
80	MH 1966	8A	Total	MEDI-CAL UNITS - 10/01/04 to 06/30/05	** 3,003,967	(4,142)	2,999,825 *
81	MH 1966	9	Total	MEDICARE/MEDI-CAL UNITS - 07/01/04 to 09/30/04	** 20,800	2,240	23,040 *
82	MH 1966	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/04 to 06/30/05	** 63,593	5,089	68,682 *
-	MH 1966	10	Total	ENHANCED - CHILDREN UNITS - 07/01/04 to 09/30/04	** 2,265	-	2,265 *
83	MH 1966	10A	Total	ENHANCED - CHILDREN UNITS - 10/01/04 to 06/30/05	** 3,890	50	3,940 *
84	MH 1966	11	Total	HEALTHY FAMILIES UNITS - 07/01/04 to 09/30/04	** 7,781	(1,510)	6,271 *
85	MH 1966	11A	Total	HEALTHY FAMILIES UNITS - 10/01/04 to 06/30/05	** 38,407	(1,360)	37,047 *
-			Info	TOTAL	** 4,170,749	(583)	4,170,166 *
				To adjust the SD/MC units of service/time per the State DMH Approved Claims Report to the County's report (excludes 17,441 UOS/UOT reported by the County through the Disallowed Claims System (DCS)). Copies of workpapers which show details of the above adjustments have been provided to the County.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

## AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
COUNTY OF SONOMA				00049	131	June 30, 2005	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED SD/MC UNITS</u></b> <b><u>COUNTY PROVIDERS - PROGRAMS 1 AND 2</u></b>			
86	MH 1966	8	Total	MEDI-CAL UNITS - 07/01/04 to 09/30/04	** 1,029,096	(445)	1,028,651
87	MH 1966	8A	Total	MEDI-CAL UNITS - 10/01/04 to 06/30/05	** 2,999,825	1,288	3,001,113 *
88	MH 1966	9	Total	MEDICARE/MEDI-CAL UNITS - 07/01/04 to 09/30/04	** 23,040	(845)	22,195
89	MH 1966	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/04 to 06/30/05	** 68,682	(4,355)	64,327
-	MH 1966	10	Total	ENHANCED - CHILDREN UNITS - 07/01/04 to 09/30/04	** 2,265	0	2,265
90	MH 1966	10A	Total	ENHANCED - CHILDREN UNITS - 10/01/04 to 06/30/05	** 3,940	(50)	3,890
-	MH 1966	11	Total	HEALTHY FAMILIES UNITS - 07/01/04 to 09/30/04	** 6,271	0	6,271
-	MH 1966	11A	Total	HEALTHY FAMILIES UNITS - 10/01/04 to 06/30/05	** 37,047	0	37,047
-			Info	TOTAL	** 4,170,166	(4,407)	4,165,759
				To adjust the SD/MC units to incorporate the controls of the lower of the County records or the State DMH Approved Claims Report by SFC. The above adjustments include Phase II. Copies of workpapers which show details of the above adjustments have been provided to the County.			
91	MH 1966	8A	Total	MEDI-CAL UNITS - 10/01/04 to 06/30/05	** 3,001,113	(24,635)	2,976,478
				To adjust SD/MC units for additional disallowances identified through the county's quality assurance and accounting review.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

## AUDIT ADJUSTMENTS

Provider COUNTY OF SONOMA				Provider Number 00049	No. of Adj. 131	Fiscal Period Ended June 30, 2005	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED TOTAL UNITS CONTRACT PROVIDERS</u></b>			
92	MH 1966	2		<u>BUCKELEW PROGRAMS (LE #270)</u> SERVICE FUNCTION 15/30	131,201	(205)	130,996
93	MH 1966	2		<u>SOCIAL ADVOCATES FOR YOUTH (LE #396)</u> SERVICE FUNCTION 15/30	91,858	(20)	91,838
94	MH 1966	2		<u>COMMUNITY SUPPORT NETWORK (LE #397)</u> SERVICE FUNCTION 15/40	77,149	(165)	76,984
95	MH 1966	2		SERVICE FUNCTION 15/50	11,553	(1,915)	9,638
96	MH 1966	2		<u>PETALUMA PEOPLE SERVICES CENTER (LE #402)</u> SERVICE FUNCTION 15/30	4,205	(420)	3,785
97	MH 1966	2		SERVICE FUNCTION 15/40	16,560	(60)	16,500
98	MH 1966	2		<u>SUNNY HILLS CHILDREN'S GARDENS (LE #457)</u> SERVICE FUNCTION 10/95	1,485	(1)	1,484
99	MH 1966	2		<u>CPI/LIFEWORKS (LE #515)</u> SERVICE FUNCTION 15/10	9,250	(120)	9,130
100	MH 1966	2		SERVICE FUNCTION 15/30	73,955	(1,590)	72,365
101	MH 1966	2		SERVICE FUNCTION 15/40	45,985	(630)	45,355
102	MH 1966	2		SERVICE FUNCTION 15/50	14,731	(60)	14,671
				To adjust total units for the contract providers due to duplicate entries that are manually disallowed as SD/MC units but cannot be voided out of the county's PSP 354 system.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

## AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
COUNTY OF SONOMA				00049	131	June 30, 2005	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED TOTAL UNITS</u></b> <b><u>CONTRACT PROVIDERS</u></b>			
				<u>CPI/CARE CHILDREN'S CENTER (LE #403)</u>			
103	MH 1966	2		SERVICE FUNCTION 15/10	37,860	(13,984)	23,876
104	MH 1966	2		SERVICE FUNCTION 15/30	5,065	42,748	47,813
105	MH 1966	2		SERVICE FUNCTION 15/40	55,950	(22,519)	33,431
106	MH 1966	2		SERVICE FUNCTION 15/50	3,921	(1,744)	2,177
				To allocate audited total units based on the audited SD/MC units to properly match SD/MC procedure codes with total units procedure codes.			
				<b><u>ADJUSTMENTS TO REPORTED SD/MC UNITS</u></b> <b><u>CONTRACT PROVIDERS</u></b>			
107	MH 1966	8	Total	MEDI-CAL UNITS - 07/01/04 to 09/30/04	243,401	(2,854)	240,547 *
108	MH 1966	8A	Total	MEDI-CAL UNITS - 10/01/04 to 06/30/05	933,127	(16,440)	916,687 *
109	MH 1966	10	Total	ENHANCED - CHILDREN UNITS - 07/01/04 to 09/30/04	0	2,809	2,809 *
110	MH 1966	10A	Total	ENHANCED - CHILDREN UNITS - 10/01/04 to 06/30/05	0	20,196	20,196 *
111	MH 1966	11	Total	HEALTHY FAMILIES UNITS - 07/01/04 to 09/30/04	300	960	1,260 *
112	MH 1966	11A	Total	HEALTHY FAMILIES UNITS - 10/01/04 to 06/30/05	6,670	2,539	9,209 *
-			Info	TOTAL	1,183,498	7,210	1,190,708 *
				To adjust the as settled (MH 1966) SD/MC units of service/time for the county's contract providers to agree with the State DMH Approved Claims Report dated February 25, 2009 (excludes 3,512 UOS/UOT reported by County through the Disallowed Claims System (DCS)). The above adjustments include Phase II. Copies of workpapers which show details of the above adjustments have been provided to the County.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

## AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
COUNTY OF SONOMA				00049	131	June 30, 2005	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED SD/MC UNITS</u></b> <b><u>CONTRACT PROVIDERS</u></b>			
113	MH 1966	8	Total	MEDI-CAL UNITS - 07/01/04 to 09/30/04	** 240,547	960	241,507 *
114	MH 1966	8A	Total	MEDI-CAL UNITS - 10/01/04 to 06/30/05	** 916,687	(4,699)	911,988 *
-	MH 1966	10	Total	ENHANCED - CHILDREN UNITS - 07/01/04 to 09/30/04	** 2,809	0	2,809 *
115	MH 1966	10A	Total	ENHANCED - CHILDREN UNITS - 10/01/04 to 06/30/05	** 20,196	533	20,729 *
116	MH 1966	11	Total	HEALTHY FAMILIES UNITS - 07/01/04 to 09/30/04	** 1,260	(960)	300 *
117	MH 1966	11A	Total	HEALTHY FAMILIES UNITS - 10/01/04 to 06/30/05	** 9,209	(940)	8,269 *
-			Info	TOTAL	** 1,190,708	(5,106)	1,185,602 *
				To adjust the SD/MC units of service/time per the State DMH Approved Claims Report to the County's report (excludes 3,512 UOS/UOT reported by the County's through the Disallowed Claims System (DCS)). Copies of workpapers which show details of the above adjustments have been provided to the County.			
118	MH 1966	8	Total	MEDI-CAL UNITS - 07/01/04 to 09/30/04	** 241,507	(960)	240,547
119	MH 1966	8A	Total	MEDI-CAL UNITS - 10/01/04 to 06/30/05	** 911,988	(1,037)	910,951 *
-	MH 1966	10	Total	ENHANCED - CHILDREN UNITS - 07/01/04 to 09/30/04	** 2,809	0	2,809
120	MH 1966	10A	Total	ENHANCED - CHILDREN UNITS - 10/01/04 to 06/30/05	** 20,729	(630)	20,099
-	MH 1966	11	Total	HEALTHY FAMILIES UNITS - 07/01/04 to 09/30/04	** 300	0	300
-	MH 1966	11A	Total	HEALTHY FAMILIES UNITS - 10/01/04 to 06/30/05	** 8,269	0	8,269
-			Info	TOTAL	** 1,185,602	(2,627)	1,182,975
				To adjust the SD/MC units to incorporate the controls of the lower of the County records or the State DMH Approved Claims Report by SFC. The above adjustments include Phase II. Copies of workpapers which show details of the above adjustments have been provided to the County.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

## AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
COUNTY OF SONOMA				00049	131	June 30, 2005	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED SD/MC UNITS</u></b> <b><u>CONTRACT PROVIDERS</u></b>			
121	MH 1966	8A	Total	MEDI-CAL UNITS - 10/01/04 to 06/30/05  To adjust SD/MC units for additional disallowances identified through the county's quality assurance and accounting review.	** 910,951	(5,358)	905,593
122	MH 1966	8A	Total	MEDI-CAL UNITS - 10/01/04 to 06/30/05  To adjust SD/MC units to equal total units.  Social Advocates for Youth 15/01 (10) 15/30 (562) Petaluma People Services 15/40 (540) <u>(1,112)</u>	** 905,593	(1,112)	904,481
				<b><u>ADJUSTMENTS TO PATIENT AND OTHER</u></b> <b><u>PAYOR REVENUE - COUNTY</u></b>			
123	MH 1968	28	K	PATIENT AND OTHER PAYOR REVENUE (07/01/04 - 09/30/04)	\$0	\$ 24,643	\$ 24,643
124	MH 1968	28A	K	PATIENT AND OTHER PAYOR REVENUE (10/01/04 - 06/30/05)	0	76,974	76,974
				To adjust patient and other payor revenue to agree with the county's records.			
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.			

## AUDIT ADJUSTMENTS

Provider COUNTY OF SONOMA				Provider Number 00049	No. of Adj. 131	Fiscal Period Ended June 30, 2005	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT</u></b>			
125	MH 1979	2	D	CONTRACT PROVIDER MEDI-CAL DIRECT SERVICE GROSS REIMBURSEMENT	\$ 3,492,531	\$ (15,262)	\$ 3,477,269
126	MH 1979	7A	D	CONTRACT PROVIDER MEDI-CAL DIRECT SERVICE GROSS REIMBURSEMENT	22,346	(6,977)	15,369
				To adjust reported Contract Provider Medi-Cal and Healthy Families Direct Service Gross Reimbursement as a result of adjustments to the contract providers SD/MC units of service/time.			
127	MH 1979	21	J	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY	\$ 6,019,486	\$ 20,901	\$ 6,040,387
128	MH 1979	27	J	TOTAL HEALTHY FAMILIES REIMBURSEMENT - COUNTY	62,368	674	63,042
				TOTAL REIMBURSEMENT- COUNTY	<u>\$ 6,081,854</u>	<u>\$ 21,575</u>	<u>\$ 6,103,429</u>
129	Sch. 3b	Total	24	TOTAL SD/MC REIMBURSEMENT - CONTRACT PROVIDERS	\$ 1,746,266	\$ (1,603)	\$ 1,744,663
130	Sch. 3b	Total	25	TOTAL HEALTHY FAMILIES REIMBURSEMENT - CONTRACT PROVIDERS	14,526	(4,537)	9,989
				TOTAL REIMBURSEMENT- CONTRACT PROVIDERS	<u>\$ 1,760,792</u>	<u>\$ (6,140)</u>	<u>\$ 1,754,652</u>
				To adjust Total SD/MC Reimbursement (FFP) due to the adjustments to reported costs and units.			
				<b><u>ADJUSTMENTS TO REPORTED EPSDT STATE GENERAL FUND SETTLEMENT</u></b>			
131	Sch. 4	10	3	TOTAL EPSDT SGF	\$ 1,294,095	\$ 8,409	\$ 1,302,504
				To adjust the final EPSDT settlement as a result of adjustments to audited Medi-Cal cost.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

**SONOMA COUNTY  
COMMUNITY MENTAL HEALTH SERVICES  
SHORT-DOYLE/MEDI-CAL PROGRAM  
FINDINGS AND RECOMMENDATIONS  
FOR FISCAL YEAR ENDED JUNE 30, 2005**

**FINDING 1 – COST REPORTING OF PHASE II (OUTPATIENT) CONSOLIDATION  
EXPENDITURES**

The County did not disclose payments made to the Phase II contractors on MH 1966, Program 2, of the cost report by provider type. Instead, the payments were reported by service function codes.

The Phase II contractor information such as costs, total units, and SD/MC units should be segregated by discipline or provider numbers. In addition, only actual payments made by the County to the Phase II contractors for their services should be disclosed as total costs.

**AUDIT AUTHORITY:**

State DMH letter dated December 23, 1998

**RECOMMENDATION:**

We recommend that the County separately identify and disclose payments, total units, and SD/MC units related to the Phase II contractors, by provider number, to comply with the State DMH letter dated December 23, 1998.

**AUDITEE'S RESPONSE:**

The County of Sonoma agrees with this finding. Total units, SC/MC units and costs for the Phase II contractors have been reported by provider type, instead of by service function, beginning with the FY 06-07 Cost Report.



**SONOMA COUNTY  
COMMUNITY MENTAL HEALTH SERVICES  
SHORT-DOYLE/MEDI-CAL PROGRAM  
FINDINGS AND RECOMMENDATIONS  
FOR FISCAL YEAR ENDED JUNE 30, 2005**

**FINDING 2 – PROPER REPORTING OF CONSERVATORSHIP COST**

The County reported the conservatorship cost in the Administration line of the cost report. The conservatorship cost is a support service that is not reimbursable through the cost report. An adjustment was made to reclassify the cost to Mode 60 – Support Services.

**AUDIT AUTHORITY:**

DMH Letter 94-15  
Fiscal Year 2004/05 Cost Report Instructions, CFRS Appendix E-3  
California Code of Regulations, Title 9, Section 640

**RECOMMENDATION:**

We recommend that the County report the conservatorship cost to the proper mode level of service.

**AUDITEE'S RESPONSE:**

The County of Sonoma agrees with this finding. Beginning with the FY 05-06 Cost Report, the conservatorship costs have been reported in Mode 60 Support Services.

**SONOMA COUNTY  
COMMUNITY MENTAL HEALTH SERVICES  
SHORT-DOYLE/MEDI-CAL PROGRAM  
FINDINGS AND RECOMMENDATIONS  
FOR FISCAL YEAR ENDED JUNE 30, 2005**

COMMENT: EPSDT STATE GENERAL FUND SETTLEMENT

The attached Schedule 4 entitled "Computation of EPSDT State Share per Audit" shows \$8,409 due to the County in State General Funds (Line 12). However, the State General fund appropriation for fiscal year 04-05 has reverted which means that there are no SGF available with which to make such a payment. Following are quotes from pertinent sections of the Government Code concerning SGF appropriations, reversions and payments:

Section 16304

"An appropriation shall be available for encumbrance during the period specified therein, or, if otherwise not limited by law, for three years after the date upon which it first became available for encumbrance. (Emphasis added)

Section 16304.1

"Upon the expiration of two years, or four years in the case of a fund made up of federal funds, following the last day of the period of its availability, the undisbursed balance in any appropriation shall revert to and become a part of the fund from which the appropriation was made. Subsequent to reversion any unpaid encumbrance against the appropriation may be paid from the current appropriations available for the same purpose...."

## DETAIL COST REPORT

**CALCULATION OF PROGRAM COSTS**

MH 1960 (Rev. 7/05)

County: Sonoma  
County Code: 49

Legal Entity: COUNTY OF SONOMA		A	B	C
Legal Entity Number: 00049		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	17,357,592	12,205,161	29,562,753
2	Encumbrances		531,619	531,619
3	Less: Payments to Contract Providers (County Only)		(10,176,518)	(10,176,518)
4	Other Adjustments from MH 1962	3,452,735	(3,533,819)	(81,084)
5	Total Costs Before Medi-Cal Adjustments	20,810,327	(973,557)	19,836,770
6	Medi-Cal Adjustments from MH 1961	(61,177)	(417,817)	(478,994)
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			19,357,776
	Administrative Costs (County Only)			
9	SD/MC Administration			1,419,625
10	Healthy Families Administration			13,581
11	Non-SD/MC Administration			930,873
12	Total Administrative Costs			2,364,079
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			208,826
14	Other SD/MC Utilization Review			
15	Non-SD/MC Utilization Review			183,188
16	Total Utilization Review Costs			392,014
	Research and Evaluation (County Only)			
17	Research and Evaluation (County Only)			72,651
18	Mode Costs (Direct Service and MAA)			16,529,032
19	Total Costs - Lines 9 through 18			19,357,776

## DETAIL COST REPORT

**MEDI-CAL ADJUSTMENTS TO COSTS**

MH 1961 (Rev. 7/05)

County: Sonoma  
County Code: 49

Legal Entity: COUNTY OF SONOMA		A	B	C
Legal Entity Number: 00049		Salaries and Benefits	Other	Total Adjustments
1	FY 04/05 Depreciation		6,318	6,318
2	Unallowable Jail expenses	(61,177)	(30,430)	(91,607)
3	Unallowable Jail A87 costs from FAMIS		(61,461)	(61,461)
4	Unallowable prior year expense		(4,949)	(4,949)
5				
6	Adj 1 Incorporate depr expense from prior year.		7,500	7,500
7	Adj 2 Disallow reported self-insurance costs.		(1,321,294)	(1,321,294)
8	Adj 3 Allow actual claims paid.		1,011,392	1,011,392
9	Adj 4 Adjust excessive fee-for-service costs.		(24,893)	(24,893)
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	<b>Total Adjustments</b>	(61,177)	(417,817)	(478,994)

State of California Health and Human Services Agency

DETAIL COST REPORT

**OTHER ADJUSTMENTS**

MH 1962 (Rev. 7/05)

County: Sonoma  
County Code: 49

Legal Entity: COUNTY OF SONOMA		A	B	C
Legal Entity Number: 00049		Salaries and Benefits	Other	Total Adjustments
1	Reclassify reimbursement to correct distribution		(4,043,951)	(4,043,951)
2	Reclassify reimbursement to correct distribution	2,726,907	1,317,044	4,043,951
3	Operating transfer listed as reimbursement on FAMIS	727,829	465,849	1,193,678
4	State Hospital offset		(958,193)	(958,193)
5	Labor correction in FAMIS due to error coding	(2,001)		(2,001)
6	Excess Encumbrances		(314,568)	(314,568)
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	<b>Total Adjustments</b>	3,452,735	(3,533,819)	(81,084)

## DETAIL COST REPORT

**PAYMENTS TO CONTRACT PROVIDERS**

MH 1963 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: Sonoma  
County Code: 49

A	B	C	D
Item	Legal Entity Name	Legal Entity Number	Amount Paid
1	Community Support Network	00397	1,091,162
2	Buckelew	00270	1,025,246
3	All Saints	00474	2,597
4	Davis Guest Home	00262	821,500
5	Managed care offset for inpatient TARS		526,610
6	New Beginnings	01180	34,031
7	Bella	01176	2,800
8	Eisenhauer Guest Home	01179	62,791
9	Angie Aquino	01177	36,213
10	Victorian Manor	01174	12,732
11	Jane's Care Home	01178	26,162
12	Crestwood Behavioral Health	00949	935,555
13	Merced Manor	00230	471,980
14	Seventh Ave.	00849	41,745
15	Ocadian Care Center	00267	17,808
16	Telecare	00514	135,373
17	Goodwill	00599	333,933
18	Creekside	00577	1,320,000
19	Devereux	00472	38,352
20	Sunny Hills Children's Gardens	00457	279,761
21	Families First	00120	106,025
22	Edgewood Center for Children and Families	00273	50,553
23	Catholic Charities	00466	43,939
24	Lincoln Children's Home	00112	5,055
25	True to Life Counseling Center	00401	24,564
26	Lifeworks	00515	377,316
27	PPSC	00402	37,969
28	Victor Treatment Center	00484	823,783
29	Social Advocates for Youth	00396	412,074
30	New Directions	00399	273,682
31	CPI/CARE	00403	227,500
32	Le Elen Manor	00603	327,355
33	Peterson Josephson Homes	00605	45,114
34	Hermosillo Boarding Home	00606	73,439
35	Country Gardens	00608	51,562
36	Brown Street	00609	80,237
37			
38			
	<b>Total Payments to Contract Providers</b>		<b>10,176,518</b>

State of California Health and Human Services Agency

DETAIL COST REPORT

**ALLOCATION OF COSTS TO MODES OF SERVICE**

MH 1964 (Rev. 7/05)

County: Sonoma  
County Code: 49

Legal Entity: COUNTY OF SONOMA		A
Legal Entity Number: 00049		Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	16,529,032
	<b>Modes</b>	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	216,653
5	Outpatient Services (Mode 15 Program 1 + Program 2)	13,503,839
6	Outreach Services (Mode 45)	
7	Medi-Cal Administrative Activities (Mode 55)	1,424,323
8	Support Services (Mode 60)	1,384,217
9	Total - Lines 2 through 8	16,529,032

## DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE  
FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/05)

PAGE 1 OF 1  
FISCAL YEAR 2004 - 2005County: Sonoma  
County Code: 49

CR

Legal Entity: COUNTY OF SONOMA		A	B	C	D	E	F	G
Legal Entity Number: 00049			Service	Service	Service	Service	Service	Service
Mode: 10 - Day Services		Mode Total	Function	Function	Function	Function	Function	Function
1	Allocation Percentage	100.00%	25					
2	Total Units		6,999					
3	Gross Cost	216,653	216,653					
4	Cost per Unit		30.95					
5	SMA per Unit		88.42					
6	Published Charge per Unit							
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/04 - 09/30/04	983					
8A		10/01/04 - 06/30/05	3,006					
9	Medicare/Medi-Cal Crossover Units	07/01/04 - 09/30/04						
9A		10/01/04 - 06/30/05						
10	Enhanced SD/MC (Children) Units	07/01/04 - 09/30/04						
10A		10/01/04 - 06/30/05						
10B	Enhanced SD/MC (Refugees) Units	07/01/04 - 06/30/05						
11	Healthy Families (SED) Units	07/01/04 - 09/30/04						
11A		10/01/04 - 06/30/05						
12	Non-Medi-Cal Units		3,010					
13	Medi-Cal Costs	07/01/04 - 09/30/04	30,429	30,429				
13A		10/01/04 - 06/30/05	93,050	93,050				
14	Medi-Cal SMA Upper Limits	07/01/04 - 09/30/04	86,917	86,917				
14A		10/01/04 - 06/30/05	265,791	265,791				
15	Medi-Cal Published Charges	07/01/04 - 09/30/04						
15A		10/01/04 - 06/30/05						
16	Medi-Cal Negotiated Rates	07/01/04 - 09/30/04						
16A		10/01/04 - 06/30/05						
17	Medicare/Medi-Cal Crossover Costs	07/01/04 - 09/30/04						
17A		10/01/04 - 06/30/05						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/04 - 09/30/04						
18A		10/01/04 - 06/30/05						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/04 - 09/30/04						
19A		10/01/04 - 06/30/05						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/04 - 09/30/04						
20A		10/01/04 - 06/30/05						
21	Enhanced SD/MC Costs	07/01/04 - 09/30/04						
21A		10/01/04 - 06/30/05						
22	Enhanced SD/MC SMA Upper Limits	07/01/04 - 09/30/04						
22A		10/01/04 - 06/30/05						
23	Enhanced SD/MC Published Charges	07/01/04 - 09/30/04						
23A		10/01/04 - 06/30/05						
24	Enhanced SD/MC Negotiated Rates	07/01/04 - 09/30/04						
24A		10/01/04 - 06/30/05						
25	Enhanced SD/MC (Refugees) Costs	07/01/04 - 06/30/05						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/04 - 06/30/05						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/04 - 06/30/05						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/04 - 06/30/05						
29	Healthy Families Costs	07/01/04 - 09/30/04						
29A		10/01/04 - 06/30/05						
30	Healthy Families SMA Upper Limits	07/01/04 - 09/30/04						
30A		10/01/04 - 06/30/05						
31	Healthy Families Published Charges	07/01/04 - 09/30/04						
31A		10/01/04 - 06/30/05						
32	Healthy Families Negotiated Rates	07/01/04 - 09/30/04						
32A		10/01/04 - 06/30/05						
33	Non-Medi-Cal Costs		93,174	93,174				



## DETAIL COST REPORT

## ALLOCATION OF COSTS TO SERVICE

## FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/05)

PAGE 1 OF 2

FISCAL YEAR 2004 - 2005

County: Sonoma		CR		CR		CR		CR		CR	
County Code: 49		CR		CR		CR		CR		CR	
Legal Entity: COUNTY OF SONOMA		A		B		C		D		E	
Legal Entity Number: 00049		Mode Total		Service Function		Service Function		Service Function		Service Function	
Mode: 15 - Outpatient Services (Program 1)				01		10		30		40	
1	Allocation Percentage	100.00%		8.06%		3.07%		30.45%		17.76%	
2	Total Units			658,540		216,108		2,147,609		1,255,593	
3	Gross Cost	13,231,548		1,066,248		405,647		4,029,458		2,350,168	
4	Cost per Unit			1.62		1.88		1.88		1.87	
5	SMA per Unit			1.89		2.44		2.44		2.44	
6	Published Charge per Unit			1.83		2.12		2.12		2.12	
7	Negotiated Rate / Cost per Unit										
8	Medi-Cal Units	07/01/04 - 09/30/04		143,568		25,777		27,554		508,553	
8A		10/01/04 - 06/30/05		357,095		29,126		1,057,503		636,152	
9	Medicare/Medi-Cal Crossover Units	07/01/04 - 09/30/04									
9A		10/01/04 - 06/30/05						265			
10	Enhanced SD/MC (Children) Units	07/01/04 - 09/30/04		65		95		360		150	
10A		10/01/04 - 06/30/05		30		40		1,360		60	
10B	Enhanced SD/MC (Refugees) Units	07/01/04 - 06/30/05									
11	Healthy Families (SED) Units	07/01/04 - 09/30/04		870		590		2,336		1,309	
11A		10/01/04 - 06/30/05		1,980		4,453		23,325		3,695	
12	Non-Medi-Cal Units			154,932		156,027		1,034,906		105,674	
13	Medi-Cal Costs	07/01/04 - 09/30/04	2,151,162	232,452		48,385		51,698		951,889	
13A		10/01/04 - 06/30/05	6,244,682	578,176		54,671		1,984,143		1,190,723	
14	Medi-Cal SMA Upper Limits	07/01/04 - 09/30/04	2,763,471	271,344		62,896		67,232		1,240,869	
14A		10/01/04 - 06/30/05	8,030,750	674,910		71,067		2,580,307		1,552,211	
15	Medi-Cal Published Charges	07/01/04 - 09/30/04	2,435,453	262,729		54,647		58,414		1,078,132	
15A		10/01/04 - 06/30/05	7,066,233	653,484		61,747		2,241,906		1,348,642	
16	Medi-Cal Negotiated Rates	07/01/04 - 09/30/04									
16A		10/01/04 - 06/30/05									
17	Medicare/Medi-Cal Crossover Costs	07/01/04 - 09/30/04	77,394								
17A		10/01/04 - 06/30/05	223,881					497			
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/04 - 09/30/04	100,099								
18A		10/01/04 - 06/30/05	289,566					647			
19	Medicare/Medi-Cal Crossover Published Charges	07/01/04 - 09/30/04	87,670								
19A		10/01/04 - 06/30/05	253,607					562			
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/04 - 09/30/04									
20A		10/01/04 - 06/30/05									
21	Enhanced SD/MC Costs	07/01/04 - 09/30/04	3,210	105		178		675		281	
21A		10/01/04 - 06/30/05	5,120	49		75		2,552		112	
22	Enhanced SD/MC SMA Upper Limits	07/01/04 - 09/30/04	4,147	123		232		878		366	
22A		10/01/04 - 06/30/05	6,636	57		98		3,318		146	
23	Enhanced SD/MC Published Charges	07/01/04 - 09/30/04	3,633	119		201		763		318	
23A		10/01/04 - 06/30/05	5,793	55		85		2,883		127	
24	Enhanced SD/MC Negotiated Rates	07/01/04 - 09/30/04									
24A		10/01/04 - 06/30/05									
25	Enhanced SD/MC (Refugees) Costs	07/01/04 - 06/30/05									
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/04 - 06/30/05									
27	Enhanced SD/MC (Refugees) Published Charges	07/01/04 - 06/30/05									
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/04 - 06/30/05									
29	Healthy Families Costs	07/01/04 - 09/30/04	12,655	1,409		1,107		4,383		2,450	
29A		10/01/04 - 06/30/05	74,118	3,206		8,359		43,764		6,916	
30	Healthy Families SMA Upper Limits	07/01/04 - 09/30/04	16,254	1,644		1,440		5,700		3,194	
30A		10/01/04 - 06/30/05	95,894	3,742		10,865		56,913		9,016	
31	Healthy Families Published Charges	07/01/04 - 09/30/04	14,308	1,592		1,251		4,952		2,775	
31A		10/01/04 - 06/30/05	83,792	3,623		9,440		49,449		7,833	
32	Healthy Families Negotiated Rates	07/01/04 - 09/30/04									
32A		10/01/04 - 06/30/05									
33	Non-Medi-Cal Costs		4,439,325	250,852		292,872		1,941,746		197,796	

## DETAIL COST REPORT

## ALLOCATION OF COSTS TO SERVICE

## FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/05)

PAGE 2 OF 2

FISCAL YEAR 2004 - 2005

County: Sonoma  
County Code: 49

CR

Legal Entity: COUNTY OF SONOMA		H	I	J	K	L	M	N
Legal Entity Number: 00049		Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient Services (Program 1)								
		70						
1	Allocation Percentage	8.37%						
2	Total Units	394,759						
3	Gross Cost	1,107,129						
4	Cost per Unit	2.80						
5	SMA per Unit	3.63						
6	Published Charge per Unit	3.18						
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/04 - 09/30/04 59,355						
8A		10/01/04 - 06/30/05 147,595						
9	Medicare/Medi-Cal Crossover Units	07/01/04 - 09/30/04						
9A		10/01/04 - 06/30/05						
10	Enhanced SD/MC (Children) Units	07/01/04 - 09/30/04						
10A		10/01/04 - 06/30/05 210						
10B	Enhanced SD/MC (Refugees) Units	07/01/04 - 06/30/05						
11	Healthy Families (SED) Units	07/01/04 - 09/30/04 150						
11A		10/01/04 - 06/30/05 330						
12	Non-Medi-Cal Units	187,119						
13	Medi-Cal Costs	07/01/04 - 09/30/04 166,465						
13A		10/01/04 - 06/30/05 413,940						
14	Medi-Cal SMA Upper Limits	07/01/04 - 09/30/04 215,459						
14A		10/01/04 - 06/30/05 535,770						
15	Medi-Cal Published Charges	07/01/04 - 09/30/04 188,749						
15A		10/01/04 - 06/30/05 469,352						
16	Medi-Cal Negotiated Rates	07/01/04 - 09/30/04						
16A		10/01/04 - 06/30/05						
17	Medicare/Medi-Cal Crossover Costs	07/01/04 - 09/30/04						
17A		10/01/04 - 06/30/05						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/04 - 09/30/04						
18A		10/01/04 - 06/30/05						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/04 - 09/30/04						
19A		10/01/04 - 06/30/05						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/04 - 09/30/04						
20A		10/01/04 - 06/30/05						
21	Enhanced SD/MC Costs	07/01/04 - 09/30/04						
21A		10/01/04 - 06/30/05 589						
22	Enhanced SD/MC SMA Upper Limits	07/01/04 - 09/30/04						
22A		10/01/04 - 06/30/05 762						
23	Enhanced SD/MC Published Charges	07/01/04 - 09/30/04						
23A		10/01/04 - 06/30/05 668						
24	Enhanced SD/MC Negotiated Rates	07/01/04 - 09/30/04						
24A		10/01/04 - 06/30/05						
25	Enhanced SD/MC (Refugees) Costs	07/01/04 - 06/30/05						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/04 - 06/30/05						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/04 - 06/30/05						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/04 - 06/30/05						
29	Healthy Families Costs	07/01/04 - 09/30/04 421						
29A		10/01/04 - 06/30/05 926						
30	Healthy Families SMA Upper Limits	07/01/04 - 09/30/04 545						
30A		10/01/04 - 06/30/05 1,198						
31	Healthy Families Published Charges	07/01/04 - 09/30/04 477						
31A		10/01/04 - 06/30/05 1,049						
32	Healthy Families Negotiated Rates	07/01/04 - 09/30/04						
32A		10/01/04 - 06/30/05						
33	Non-Medi-Cal Costs	524,788						

## DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE  
FUNCTIONS - MODE TOTAL

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FISCAL YEAR 2004 - 2005

County: Sonoma  
County Code: 49

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Legal Entity: COUNTY OF SONOMA			A	B	C	D	E	4979	4980
Legal Entity Number: 00049			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient Services (Program 2)				10	30	40	60	11	31
1	Allocation Percentage		100.00%	1.48%	0.56%	5.70%	1.43%	39.01%	0.96%
2	Total Units			2,690	1,020	10,350	1,395	55,700	1,925
3	Gross Cost		272,291	4,037	1,531	15,531	3,901	106,211	2,610
4	Cost per Unit			1.50	1.50	1.50	2.80	1.91	1.36
5	SMA per Unit			2.44	2.44	2.44	4.51	2.44	2.44
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/04 - 09/30/04		360	300	2,880	240	15,010	360
8A		10/01/04 - 06/30/05		2,330	720	6,590	675	31,910	1,090
9	Medicare/Medi-Cal Crossover Units	07/01/04 - 09/30/04							
9A		10/01/04 - 06/30/05							
10	Enhanced SD/MC Units	07/01/04 - 09/30/04							
10A		10/01/04 - 06/30/05							
10B	Enhanced SD/MC (Refugees) Units	07/01/04 - 06/30/05							
11	Healthy Families (SED) Units	07/01/04 - 09/30/04							
11A		10/01/04 - 06/30/05							
12	Non-Medi-Cal Units					880	480	8,780	475
13	Medi-Cal Costs	07/01/04 - 09/30/04	63,033	540	450	4,322	671	28,622	488
13A		10/01/04 - 06/30/05	175,965	3,497	1,081	9,889	1,888	60,847	1,478
14	Medi-Cal SMA Upper Limits	07/01/04 - 09/30/04	123,340	878	732	7,027	1,082	36,624	878
14A		10/01/04 - 06/30/05	373,614	5,685	1,757	16,080	3,044	77,860	2,660
15	Medi-Cal Published Charges	07/01/04 - 09/30/04							
15A		10/01/04 - 06/30/05							
16	Medi-Cal Negotiated Rates	07/01/04 - 09/30/04							
16A		10/01/04 - 06/30/05							
17	Medicare/Medi-Cal Crossover Costs	07/01/04 - 09/30/04							
17A		10/01/04 - 06/30/05							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/04 - 09/30/04							
18A		10/01/04 - 06/30/05							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/04 - 09/30/04							
19A		10/01/04 - 06/30/05							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/04 - 09/30/04							
20A		10/01/04 - 06/30/05							
21	Enhanced SD/MC Costs	07/01/04 - 09/30/04	932						
21A		10/01/04 - 06/30/05	1,488						
22	Enhanced SD/MC SMA Upper Limits	07/01/04 - 09/30/04	2,513						
22A		10/01/04 - 06/30/05	4,124						
23	Enhanced SD/MC Published Charges	07/01/04 - 09/30/04							
23A		10/01/04 - 06/30/05							
24	Enhanced SD/MC Negotiated Rates	07/01/04 - 09/30/04							
24A		10/01/04 - 06/30/05							
25	Enhanced SD/MC (Refugees) Costs	07/01/04 - 06/30/05							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/04 - 06/30/05							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/04 - 06/30/05							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/04 - 06/30/05							
29	Healthy Families Costs	07/01/04 - 09/30/04							
29A		10/01/04 - 06/30/05							
30	Healthy Families SMA Upper Limits	07/01/04 - 09/30/04							
30A		10/01/04 - 06/30/05							
31	Healthy Families Published Charges	07/01/04 - 09/30/04							
31A		10/01/04 - 06/30/05							
32	Healthy Families Negotiated Rates	07/01/04 - 09/30/04							
32A		10/01/04 - 06/30/05							
33	Non-Medi-Cal Costs		30,873			1,321	1,342	16,742	644

## DETAIL COST REPORT

## ALLOCATION OF COSTS TO SERVICE

## FUNCTIONS - MODE TOTAL

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FISCAL YEAR 2004 - 2005

County: Sonoma  
County Code: 49

		MHS	MHS	MHS	MHS			
Legal Entity: COUNTY OF SONOMA		4981	4979	4982	4984	L	M	N
Legal Entity Number: 00049		Service	Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient Services (Program 2)		Function	Function	Function	Function	Function	Function	Function
1	Allocation Percentage	40	61	32	33			
2	Total Units	6.92%	0.18%	40.39%	3.36%			
3	Gross Cost	23,140	210	120,280	11,290			
4	Cost per Unit	18,850	490	109,970	9,160			
5	SMA per Unit	0.81	2.33	0.91	0.81			
6	Published Charge per Unit	2.44	4.51	2.44	2.44			
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/04 - 09/30/04	3,190	30	25,200	2,750		
8A		10/01/04 - 06/30/05	18,660	180	82,090	8,150		
9	Medicare/Medi-Cal Crossover Units	07/01/04 - 09/30/04						
9A		10/01/04 - 06/30/05						
10	Enhanced SD/MC Units	07/01/04 - 09/30/04	100		930			
10A		10/01/04 - 06/30/05	570		1,120			
10B	Enhanced SD/MC (Refugees) Units	07/01/04 - 06/30/05						
11	Healthy Families (SED) Units	07/01/04 - 09/30/04						
11A		10/01/04 - 06/30/05						
12	Non-Medi-Cal Units		620		10,940	390		
13	Medi-Cal Costs	07/01/04 - 09/30/04	2,599	70	23,040	2,231		
13A		10/01/04 - 06/30/05	15,201	420	75,054	6,612		
14	Medi-Cal SMA Upper Limits	07/01/04 - 09/30/04	7,784	135	61,488	6,710		
14A		10/01/04 - 06/30/05	45,530	812	200,300	19,886		
15	Medi-Cal Published Charges	07/01/04 - 09/30/04						
15A		10/01/04 - 06/30/05						
16	Medi-Cal Negotiated Rates	07/01/04 - 09/30/04						
16A		10/01/04 - 06/30/05						
17	Medicare/Medi-Cal Crossover Costs	07/01/04 - 09/30/04						
17A		10/01/04 - 06/30/05						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/04 - 09/30/04						
18A		10/01/04 - 06/30/05						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/04 - 09/30/04						
19A		10/01/04 - 06/30/05						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/04 - 09/30/04						
20A		10/01/04 - 06/30/05						
21	Enhanced SD/MC Costs	07/01/04 - 09/30/04	81		850			
21A		10/01/04 - 06/30/05	464		1,024			
22	Enhanced SD/MC SMA Upper Limits	07/01/04 - 09/30/04	244		2,269			
22A		10/01/04 - 06/30/05	1,391		2,733			
23	Enhanced SD/MC Published Charges	07/01/04 - 09/30/04						
23A		10/01/04 - 06/30/05						
24	Enhanced SD/MC Negotiated Rates	07/01/04 - 09/30/04						
24A		10/01/04 - 06/30/05						
25	Enhanced SD/MC (Refugees) Costs	07/01/04 - 06/30/05						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/04 - 06/30/05						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/04 - 06/30/05						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/04 - 06/30/05						
29	Healthy Families Costs	07/01/04 - 09/30/04						
29A		10/01/04 - 06/30/05						
30	Healthy Families SMA Upper Limits	07/01/04 - 09/30/04						
30A		10/01/04 - 06/30/05						
31	Healthy Families Published Charges	07/01/04 - 09/30/04						
31A		10/01/04 - 06/30/05						
32	Healthy Families Negotiated Rates	07/01/04 - 09/30/04						
32A		10/01/04 - 06/30/05						
33	Non-Medi-Cal Costs		505		10,002	316		

## DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE  
FUNCTIONS - MODE TOTAL

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FISCAL YEAR 2004 - 2005

County: Sonoma  
County Code: 49

County Code: 49		MAA	MAA	MAA	MAA	MAA	MAA	
Legal Entity: COUNTY OF SONOMA		A	B	C	D	E	F	G
Legal Entity Number: 00049		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 55 - Medi-Cal Administrative Activities			03	06	09	19	23	26
1	Allocation Percentage		100.00%	6.90%	1.63%	3.52%	31.54%	8.77%
2	Total Units		148,348	44,658	52,872	608,074	175,500	420,333
3	Total Expenditures	1,424,323	98,239	23,208	50,150	449,209	124,952	458,080
4	Cost per Unit		0.66	0.52	0.95	0.74	0.71	1.09
5	Non-Medi-Cal Costs	293,514						

## DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE  
FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/05)

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FISCAL YEAR 2004 - 2005

County: Sonoma  
County Code: 49

MAA

MAA

MAA

Legal Entity: COUNTY OF SONOMA		H	I	J	K	L	M	N
Legal Entity Number: 00049		Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 55 - Medi-Cal Administrative Activities		29	34	39				
1	Allocation Percentage	4.02%	1.57%	9.89%				
2	Total Units	68,340	32,887	159,362				
3	Total Expenditures	57,287	22,386	140,812				
4	Cost per Unit	0.84	0.68	0.88				
5	Non-Medi-Cal Costs							

## DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE  
FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/05)

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FISCAL YEAR 2004 - 2005

County: Sonoma  
County Code: 49

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Legal Entity: COUNTY OF SONOMA		A	B	C	D	E	F	G
Legal Entity Number: 00049		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 60 - Support Services			40					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		365					
3	Gross Cost	1,384,217	1,384,217					
4	Cost per Unit		3,792.38					
5	Non-Medi-Cal Units (Same as Line 2)		365					
6	Non-Medi-Cal Costs (Same as Line 3)	1,384,217	1,384,217					

## DETAIL COST REPORT

## DETERMINATION OF SD/MC DIRECT SERVICES AND MAA REIMBURSEMENT

MH 1968 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: Sonoma County Code: 49			REIMBURSEMENT TYPE				Costs			Costs	
Legal Entity: COUNTY OF SONOMA			A	B	C	D	E	F	G	H	I
Legal Entity Number: 00049			Mode 55				Total Inpatient Mode 05 Hospital Inpatient Services	Mode 05 Other 24 Hour Services	Mode 10 Day Services	Mode 15 Outpatient Services Program (1)	Total Outpatient Exclude Program (2)
			S. F.'s 01-09	S. F.'s 11-19, 31-39	S. F.'s 21-29	Total MAA					Mode 15 Outpatient Services Program (2)
1	Medi-Cal Costs	07/01/04 - 09/30/04									
1A		10/01/04 - 06/30/05									
2	Medi-Cal SMA	07/01/04 - 09/30/04									
2A		10/01/04 - 06/30/05									
3	Medi-Cal P. C.	07/01/04 - 09/30/04									
3A		10/01/04 - 06/30/05									
4	Medi-Cal N. R.	07/01/04 - 09/30/04									
4A		10/01/04 - 06/30/05									
5	Medi-Cal Gross Reimbursement	07/01/04 - 09/30/04									
5A		10/01/04 - 06/30/05									
6	Medicare/Medi-Cal Crossover Cost	07/01/04 - 09/30/04									
6A		10/01/04 - 06/30/05									
7	Medicare/Medi-Cal Crossover SMA	07/01/04 - 09/30/04									
7A		10/01/04 - 06/30/05									
8	Medicare/Medi-Cal Crossover P. C.	07/01/04 - 09/30/04									
8A		10/01/04 - 06/30/05									
9	Medicare/Medi-Cal Crossover N. R.	07/01/04 - 09/30/04									
9A		10/01/04 - 06/30/05									
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/04 - 09/30/04									
10A		10/01/04 - 06/30/05									
11	Total SD/MC + Crossover Gross Reim.	07/01/04 - 09/30/04									
11A		10/01/04 - 06/30/05									
12	Enhanced SD/MC (Children) Cost	07/01/04 - 09/30/04									
12A		10/01/04 - 06/30/05									
13	Enhanced SD/MC (Children) SMA	07/01/04 - 09/30/04									
13A		10/01/04 - 06/30/05									
14	Enhanced SD/MC (Children) P. C.	07/01/04 - 09/30/04									
14A		10/01/04 - 06/30/05									
15	Enhanced SD/MC (Children) N. R.	07/01/04 - 09/30/04									
15A		10/01/04 - 06/30/05									
16	Enhanced SD/MC (Children) Gross Reim.	07/01/04 - 09/30/04									
16A		10/01/04 - 06/30/05									
17	Enhanced SD/MC (Refugees) Cost	07/01/04 - 06/30/05									
18	Enhanced SD/MC (Refugees) SMA	07/01/04 - 06/30/05									
19	Enhanced SD/MC (Refugees) P. C.	07/01/04 - 06/30/05									
20	Enhanced SD/MC (Refugees) N. R.	07/01/04 - 06/30/05									
21	Total Medi-Cal Gross Reimbursement	07/01/04 - 09/30/04									
21A	(Excludes Refugees)	10/01/04 - 06/30/05									
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/04 - 06/30/05									
23	Healthy Families Cost	07/01/04 - 09/30/04									
23A		10/01/04 - 06/30/05									
24	Healthy Families SMA	07/01/04 - 09/30/04									
24A		10/01/04 - 06/30/05									
25	Healthy Families P. C.	07/01/04 - 09/30/04									
25A		10/01/04 - 06/30/05									
26	Healthy Families N. R.	07/01/04 - 09/30/04									
26A		10/01/04 - 06/30/05									
27	Healthy Families Gross Reim.	07/01/04 - 09/30/04									
27A		10/01/04 - 06/30/05									
28	Less: Patient and Other Payor Revenue										
28A	SD/MC + Crossover Revenue	07/01/04 - 09/30/04									
29	Enhanced SD/MC (Children) Revenue	10/01/04 - 06/30/05									
30	Enhanced SD/MC (Refugees) Revenue										
31	Healthy Families Revenue										
32	Total Expenditures from MAA (Mode 55)										
33	Medi-Cal Eligibility Factor (Average)										
34	Revenue - MAA										
35	Net Due - SD/MC for Direct Services	07/01/04 - 09/30/04									
35A		10/01/04 - 06/30/05									
36	Net Due - Enhanced SD/MC (Refugees)	07/01/04 - 09/30/04									
37	Net Due - Healthy Families	10/01/04 - 06/30/05									
37A											
38	Amount Negotiated Rates Exceed Costs										
38A	SD/MC (Includes Children)	07/01/04 - 09/30/04									
39	Enhanced SD/MC (Refugees)	10/01/04 - 06/30/05									
40	Healthy Families	07/01/04 - 09/30/04									
40A		10/01/04 - 06/30/05									



State of California Health and Human Services Agency

DETAIL COST REPORT

SD/MC PRELIMINARY DESK SETTLEMENT

MH 1979 (Rev. 7/05)

County: Sonoma

County Code: 49

Legal Entity: COUNTY OF SONOMA		A	B	C	D	E	F	G	H	I	J
Legal Entity Number: 00049		Total MAA	Total Inpatient	Total Outpatient	Total	50.00% FFP	50.00% FFP	50.00% FFP	Variable % FFP	75.00% FFP	Total FFP
SD/MC Administrative Reimbursement (County Only)											
1	County SD/MC Direct Service Gross Reimbursement			9,070,347	9,070,347						
2	Contract Providers Medi-Cal Direct Service Gross Reimbursement			3,477,269	3,477,269						
3	Total Medi-Cal Direct Service Gross Reimbursement				12,547,616						
4	Medi-Cal Administrative Reimbursement Limit				1,882,142						
5	Medi-Cal Administration				1,419,625						
6	Medi-Cal Administrative Reimbursement				1,419,625	709,813					709,813
Healthy Families Administrative Reimbursement (County Only)											
7	County Healthy Families Direct Service Gross Reimbursement			86,773	86,773						
7A	Contract Providers Healthy Families Direct Service Gross Reim.			15,369	15,369						
7B	Total Healthy Families Direct Service Gross Reimbursement				102,142						
8	Healthy Families Administrative Reimbursement Limit				10,214						
9	Healthy Families Administration				13,581						
10	Healthy Families Administrative Reimbursement				10,214				6,639		6,639
SD/MC Net Reimbursement for MAA											
11	Medi-Cal Admin. Activities Svc Functions 01 - 09	171,597			171,597	85,799					85,799
12	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39	468,920			468,920	234,460					234,460
13	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)	490,292			490,292					367,719	367,719
14	Utilization Review-Skilled Prof. Med. Personnel (County Only)				208,826					156,620	156,620
15	Other SD/MC Utilization Review (County Only)										
16	SD/MC Net Reimbursement for Direct Services			2,297,374	2,297,374		1,148,687				1,148,687
16A				6,660,605	6,660,605			3,330,303			3,330,303
17	Enhanced SD/MC Net Reimb. (Children)			4,142	4,142				2,692		2,692
17A				6,608	6,608				4,295		4,295
18	Enhanced SD/MC Net Reimb. (Refugees)										
19	Total SD/MC Reimbursement Before Excess FFP										6,040,387
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC										
21	Total SD/MC Reimbursement (FFP)										6,040,387
22	Contract Limitation Adjustment										
23	Adjusted Total SD/MC Reimbursement (FFP)										6,040,387
24	Healthy Families Net Reimbursement			12,655	12,655				8,226		8,226
24A				74,118	74,118				48,177		48,177
25	Total Healthy Families Reimbursement Before Excess FFP										63,042
26	Amount Negotiated Rates Exceed Costs - Healthy Families										
27	Total Healthy Families Reimbursement										63,042